

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2		1				
3		1				
4		1				
5		1				
6	1		1			
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
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TOTAL IND.	2		2			
TOTAL DEP.	24	←	13	←	←	
TOTAL CLAIMS	26	QR	15	QR		QR

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS		QR	15	QR		QR